



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

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 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/223,016	<b>FILING DATE</b> 12/30/1998 <b>RULE</b> -	<b>CLASS</b> 386	<b>GROUP ART UNIT</b> 2712	<b>ATTORNEY DOCKET NO.</b> 100126
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**APPLICANTS**  
 SCOTT L. MINNEMAN, SAN FRANCISCO, CA ;  
 WILLIAM VAN MELLE, LOS ALTOS, CA ;  
 STEVE R. HARRISON, PORTOLA VALLEY, CA ;  
 IAN EMERY SMITH, SAN FRANCISCO, CA ;  
 ✓ THOMAS P. MORAN, PALO ALTO, CA ;

**\*\* CONTINUING DATA \*\*\*\*\***

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/26/1999** -

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**  
 OLIFF & BERRIDGE  
 P O BOX 19928  
 ALEXANDRIA, VA 22320

**TITLE**  
 USING STRUCTURED REPRESENTATIONS TO INDEX RECORDING OF ACTIVITY

<b>FILING FEE RECEIVED</b> 908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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STEVE R. HARRISON, PORTOLA VALLEY, CA; IAN EMERY SMITH, SAN FRANCISCO,  
CA.

THOMAS P. Moran, Palo Alto, CA.  
(ADD INVENTOR)

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

FOREIGN FILING LICENSE GRANTED 01/26/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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USING STRUCTURED REPRESENTATIONS TO INDEX RECORDING OF ACTIVITY

FILING FEE RECEIVED  \$908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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